



BUILDING PERMIT APPLICATION
BUILDING DIVISION/COMMUNITY DEVELOPMENT DEPARTMENT

BS _____

DEMOLITION

THIS IS A PERMIT APPLICATION ONLY. WORK IS NOT AUTHORIZED UNTIL FEES HAVE BEEN PAID AND A BUILDING PERMIT HAS BEEN ISSUED.

ADDRESS				CONSTRUCTION VALUATION \$		DATE			
DESCRIPTION				SQUARE FOOTAGE					
OWNER		APPLICANT/ CONTACT		CONTRACTOR					
ADDRESS		ADDRESS		ADDRESS					
CITY/ STATE/ ZIP		CITY/ STATE/ ZIP		CITY/ STATE/ ZIP					
PHONE	CELL PHONE	PHONE	CELL PHONE	PHONE	CELL PHONE				
E-MAIL		E-MAIL		E-MAIL		LICENSE			
PRE-SUBMITTAL ZONING REVIEW: <small>PRELIMINARY REVIEW ONLY – NOT AN APPROVAL</small>		ZONE	OK FOR PLAN CHECK: <input type="checkbox"/> YES <input type="checkbox"/> NO		OK OTC <input type="checkbox"/>	BY:	DATE:		
COMMENTS									
✓ PROJECT TYPE ✓ STRUCTURE TYPE ✓ OTHER PERMITS									
DEMOLITION		ACCESSORY STRUCTURE							
		ASSISTED LIVING							
		AUTOMOTIVE							
		DAY CARE							
		EDUCATIONAL							
		HEALTH CLUB/ EXERCISE							
		HOTEL/ MOTEL							
		INDUSTRIAL/ MANUF							
		MEDICAL							
		OFFICE							
		PARKING GARAGE							
		PARKING LOT							
		RELIGIOUS INSTITUTION							
		RESTAURANT							
		RETAIL							
		STUDIO - PRODUCTION							
		STUDIO - SOUND							
		THEATER							
		WAREHOUSE							
FIRE DEPT.		BWP/WATER		PW/SEWER		PUBLIC WORKS DEPT.			
PLAN CHECK: <input type="checkbox"/> YES <input type="checkbox"/> NO		FEE REQ'D: <input type="checkbox"/> YES <input type="checkbox"/> NO		INTERCEPTOR REQUIRED:		SEWER AVAILABLE: <input type="checkbox"/> YES <input type="checkbox"/> NO		STREET IMPROVEMENT INSPECTION	
PLAN CHECK FEE: _____		FEE PAID: _____		<input type="checkbox"/> YES <input type="checkbox"/> NO		CONNECTION CHARGE: _____		PERMIT NO. _____	
APPROVED BY: _____		APPROVED BY: _____		DATE: _____ BY: _____		DATE PAID: _____ BY: _____		CURB CUT WIDTH _____	
DATE: _____		DATE: _____		BACKFLOW PREVENTION:		ADDRESS APPROVED: _____		RECURB (E) CURB CUT: <input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO		PEDESTRIAN PROTECTION REQUIRED:		BY: _____	
PARK/REC		BWP/ELECT		DATE: _____ BY: _____		<input type="checkbox"/> FENCE <input type="checkbox"/> CANOPY <input type="checkbox"/> NONE		SITE PLAN CHECKED FOR EASEMENTS	
APPROVED BY: _____		APPROVED BY: _____				BY: _____		BY: _____	
DATE: _____		DATE: _____				SETBACK FOR STREET WIDENING:		PUBLIC WORKS DEPARTMENT REQ'D NOTED:	
						BY: _____		CHECK SHEET: <input type="checkbox"/> YES <input type="checkbox"/> NO	
								BY: _____	
PLANNING DIVISION (PLANNING APPROVAL GIVEN ONLY AFTER ALL OF THE ABOVE APPROVALS ARE OBTAINED)									
ZONE		PROJECT NO.		ENTITLEMENT DATE		BY: _____		COMMENTS	
APPROVED BY: _____		DATE: _____		FEE: _____					
I DECLARE THAT THE FOLLOWING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND THAT INFORMATION STATED HEREON IS TRUE. I AGREE TO COMPLY WITH ALL ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION. I UNDERSTAND AND AGREE THAT SHOULD I FAIL TO COMPLY WITH THE ABOVE, ALL PERMITS SHALL BE DEEMED REVOKED.									
SIGNED: _____			SIGNATURE OF APPLICANT: _____						
DATE			SIGNATURE						